



CONFERENCE EVALUATION

FINAL REPORT

Introduction

The 2005 DANA Conference was held at Rydges Capital Hill, Canberra on June 22-24, 2005. The Conference was highly successful in terms of outcomes, content, staging, and overall delegate satisfaction with the event. It was also recognised by delegates as contributing significantly to the Alcohol, Tobacco, and Other Drug (ATOD) field, and in particular, was perceived as an important event for nurses interested in preventing and responding to, ATOD issues.

Conference Planning

Two committees were responsible for the event; the Planning Committee, who conducted the primary conference business by teleconference and by phone (as members were geographically distributed from each other and the conference site), and by a small Local Committee, who undertook local planning and preparations. The Planning committee was responsible for venue, program and keynote speaker organisation and selection, sponsorship, budget, and day-to-day decision making. The committees were assisted by highly competent event organisers, Eventcorp, who maintained the budget under instruction from the Planning committee, and

ensured the general organisation of the conference, delegate and abstract management, printing and promotion etc, was conducted efficiently and smoothly.

For the first time in DANA's history, DANA employed professional event organisers, and approached key funding bodies for assistance to support a conference. This strategy was important in supporting DANA's strategic and long term vision to promote DANA as a peak professional body for nurses and others interested in ATOD issues. In turn, this strategy demonstrated DANA's developing capacity and ability to develop effective partnerships with key Australian organisations and other peak bodies responsible for addressing and responding to ATOD issues in the country. The Conference supported DANA in raising its profile, and importantly that of its key supporters and sponsors across Australasia. It was also crucial in placing DANA in a similar market to other key national ATOD events, while also providing a forum specifically for nurses and their professional peers. This strategy was also important for networking amongst existing delegates and in encouraging nurses and their peers to actively participate in future DANA conferences. In fact, 66% of those who completed the evaluation forms were certain they would attend in 2006, another 32% were unsure primarily due to issues such as policy for attending (ie can only attend conferences in alternate years), funding, availability, time, employer or program factors. One acknowledged support from the NGO sector stating:

Appreciate[d] the support from NGO employer & their support recognising & valuing the need to attend

Some delegates who participated in formal Evaluation described the 2005 Conference:

the best Conference I've been to in years

the friendliest conference I have ever attended

publishing the list of attendees was very helpful! I was able to meet people central to my work and achieve my aims for the Conference

Great Conference – networking so important in supporting each other in practice. Thank you!

Good vibe to this conference – positive and uplifting

While the number of delegates in this conference maybe small relative to other events (such as APSAD, Winter School in the Sun, for example), DANA differs from other major conferences in that it highlights the contribution of one key professional group in the ATOD field as both individual practitioners and as members of the multi-disciplinary team.

Supporters, Sponsors and Exhibitors

The 2005 Conference is the largest conference held by DANA to date. The Conference hosted 170 individuals, including representatives from our two key supporters, the Australian Government Department of Health and Ageing, and the Alcohol Education Rehabilitation Foundation Ltd, our two Gold Sponsors, Reckitt Benckiser and ACT Health, and from our 13 exhibitors. Exhibitors (some of whom provided speakers) represented the Australian National Council on Drugs (ANCD), ACT Division of General Practice, The Australasian Professional Society on Alcohol and Other Drugs (APSAD), Australian & New Zealand College of Mental Health Nurses (ANZCMHN), Bristol-Myers Squibb, McGaw Biomed Limited, National Centre for Education and Training on Addiction (NCETA), Royal College of Nursing, Australasia (RCNA), the College of Nursing (formerly the NSW College of Nursing), Unitract and DANA. All exhibitors enjoyed the Conference and stated that the Conference was of value to them. Acknowledgement must also be given other groups who provided satchel inserts, the Australian Nursing Federation and the Lions Drug Awareness Foundation. At the time of writing, almost all exhibitors have given 'in-principle support as exhibitors for the 2006 Conference. Comments from the evaluation included;

Thank you for the excellent trade exhibitions – I now have some much needed resources.

Delegates represented many health services (government and non-government) from around Australasia, and also included key ATOD services and other organisations, such as the Alcohol and Other Drugs Council of Australia (ADCA), the Drug and Alcohol Office WA, the Department of Defence, the National Drug and Alcohol Research Centre (NDARC), The Centre for Drug and Alcohol NSW, the Department of Justice WA, Turning Point Alcohol and Drug Centre Inc., the Australian Red Cross, the Queensland Nursing Council, and various universities.

As an organisational member of ADCA and an active supporter of Drug Action Week, DANA actively promoted the Conference as a Drug Action Week event, and incorporated DAW themes into the conference program. For example, the indigenous focus of Day One was a highlight of the Conference. Media statements based on DAW materials, were prepared and released to the local press.

Conference Promotion

The Conference was advertised widely to DANA and APSAD members, in several nursing publications (eg. RCNA Review, ANJ), through our email database (which includes contacts in Government and NGO sectors), through established contacts, on the DANA website, and on the ADCA listserv UPDATE. Hard copy materials (Call for Papers and Registration brochures) were delivered to individuals targeted as potential participants, handed out at key promotional events, such as other conferences workshops and events attended by DANA members (such as the RCNA Expos in SA, VIC and NSW), and distributed through local networks. Promotion of the Conference was also actively supported by several Chief Nursing Officers, who authorised email distribution through government health list serves. Promotional materials (verified by supporters and sponsors prior to distribution) described different aspects of the conference such as keynote speakers and topics, and acknowledged the contribution of Conference supporters and sponsors.

Programming

Abstract Selection process

Overall, 60 abstracts were submitted to the Conference Abstract Review Committee, which by far, exceeded available allotment of time and space. Authors of 10 abstracts were invited to alter the format of their presentation either from workshop to paper, paper to poster, or paper to Café Conferencing session to best suit the type and style of presentation and the content of the streams. Another four were invited to clarify aspects of their abstract for further consideration. Thirty five abstracts were accepted for oral presentations, and 4 workshops were accepted from submitted abstracts. Presenters of three workshops were invited guests. There were 11 poster presentations, and 5 Café Conferencing sessions. One abstract was rejected on the basis of insufficient quality (lack of evidence for the proposition to be presented).

Final Conference Program

The Conference was intended to highlight and feature both innovative research and the practical experience of nurse and their peers in the ATOD field. Workshops differentiated this Conference from many others in the ATOD field by ensuring opportunities to facilitate learning into practice. By far, most ATOD conferences concentrate on didactic presentations that research demonstrates has less transferability in terms of translating learning into practice.

The official welcome was provided by a local elder and an indigenous dance troupe, Ngambri and Waradjuri Echoes. The Keynote speakers were selected for a variety of reasons – to present information and workshops of a practical nature, providing skills directly applicable transferable to the workplace (Dr's Humeniuk, Dr Porter and De Crespigny); to promote the role of evidence creation for improving nursing practice and transferring research into practice (Ms Beutel, Professor Pearson); to provide insight into patterns of ATOD use, workforce issues and issues regarding implementation of policy into practice (Mr Pyne, Mr Smeaton, and Mr Vumbaca); and highlighting specific areas of nursing and community practice (Dr's Ludlow and Dance).

Program themes and presentations included:

- ATOD nursing workforce
- ATOD and mental health comorbidities
- Indigenous and cultural diversity
- Broadening the settings: In hospital and in custody
- Maternal and family health
- Influencing practice through policy change
- Buprenorphine update
- Workforce Development – factors that influence change in practice
- Measuring treatment outcomes
- Pain management
- Harm minimisation and health promotion
- ATOD intervention and treatment
- Clinical supervision
- Motivational interviewing
- Alcohol and other drug assessment and intervention

In order to provide a quality and varied program, an additional room was sought from the venue to enable 4 streams on each of the 2 days of the Conference instead of the original 3 streams that were planned. Purchasing more room also enabled the presentation of an important 4 hour, pre-Conference workshop, given by Dr Rachel Humeniuk prior to the official opening. This workshop alone was attended by over 50 delegates. While contributing somewhat to additional overall conference costs, the investment in additional presentation and workshop space was considered highly beneficial for the program and enabled delegates to access important, practical information on a new, validated screening tool and brief intervention, the ASSIST. Feedback provided by Dr Humeniuk was very positive, and from her point of view, the workshop was highly successful in providing exposure to the work conducted by the WHO collaborating Centre, and resulted in several invitations to her to present the workshop interstate. Evaluation respondents stated:

Excellent program, well connected themes, flowed very well!

Thoroughly enjoyed & has given many ways to adapt in the workplace for staff and our clients

Conference Delegates

Of the 170 delegates (including keynote speakers and exhibitors), 143 were registered individuals (or 43 more registered delegates than was anticipated). The data presented below pertains to those individually registered delegates.

Delegate profile

Respondents were primarily female (81%), and represented all states and Territories of Australia and New Zealand. Participants were primarily from NSW (50%), ACT (15%) and SA (11%), with representation from QLD and VIC (each 7%), New Zealand (5%), WA (3%), NT (1%) and Tasmania (<1%). Respondents primarily represented metropolitan (57%), rural (19%) and regional (24%) areas. Respondents were primarily nurses or of nursing background, however other professions and fields of work were represented, reflecting the multidisciplinary nature of nursing work and the importance of developing effective relationship with professional peers, such as psychology, pharmacy, medicine, occupational therapy, education and training, health sciences, policy development and project work.

To assist the reader in gaining an idea of the profile of nursing participants, broad categories of nursing have been described below, as was described by delegates on their Registration brochure. Note that there is some variation between jurisdictions in Level of Nurse as presented below. The information presented here is intended to provide an overall profile of delegates as accurately as may be possible, given such constraints. Any inaccurate categorization is unlikely to make any significant difference in the overall profile of the population of delegates.

In a nutshell, nursing is generally represented by 5 levels of seniority. In an attempt to explain the level of nurses, they have been placed into 5 categories with brief explanation of the broad type role to which that level pertains. Of the 122 nurses who attended, most (41%) were Registered Nurses (Level 1), who undertake

general nursing duties, and broadly speaking, would undertake roles such as general nursing care, withdrawal management, counselling, community health, needle exchange, case management, for example. Level Two or Clinical Nurses (13%) are nurses with significant clinical expertise, and undertake management, organisation and project responsibilities in addition to the Level 1 role. Some are employed as Clinical Nurse Specialists (though CNS may occur at different levels in different jurisdictions). Level 3 Nurses (33%) generally have clinical and or management responsibility of an entire unit, area or ward, may undertake project work or research, are nurse educators or trainers, or have other leadership roles. Eight per cent of delegates were nurses working in the tertiary education sector. Level 4 nurses and Level 5 nurses (5% combined) are responsible for several health units, a hospital or a regional health service, and undertake senior management and supervisory responsibilities.

DANA Membership and the 2005 Conference

Overall 59 (41%) of delegates were existing DANA members. An additional 12 new members joined at the commencement of advertising of the Conference, 5 joined during the Conference, 4 new members have joined since the Conference. Therefore 21 new memberships can be attributed to the Conference. DANA also processed 11 membership renewals during the Conference. DANA also received some compliments:

*Impressed with the professional & friendly response from DANA
Executive members*

*DANA is a fantastic organisation that brings a specialist workplace
together from around the country*

Session Evaluation

Informal information and feedback was sought by the Conference Committee from the keynote speakers, presenters, session chairs and exhibitors. General feedback received was that the Conference content was rated highly in terms of variety of

topics, quality of speakers and presentations, and the contribution of the speakers and topics to nursing and the ATOD field. Session chairs chose to chair sessions in which they had specific interest, therefore their feedback on the quality of topics was very supportive, and congratulatory of the work the presenters had undertaken.

As would be expected, several sessions were very popular, hence some sessions had numbers of participants that were lower than anticipated. Workshop presenters with smaller than anticipated numbers reported that they were able to more effectively tailor their presentations to meet the needs of those present. Fewer numbers also facilitated greater discussion and encouraged networking. Many delegates sought reassurance that the powerpoint presentations would be available to enable them to view information on sessions they had missed. When permission is received from the presenters, these presentations will be available on the website for access by delegates.

Evaluation response rate

The return rate of evaluation forms was 41%, a rate considered very acceptable by the Conference Committee. As an incentive to complete the evaluation form a complementary DANA scholarship was offered and subsequently awarded to an existing member.

Relevance and applicability of content

Conference participants reported a very high overall satisfaction with the conference content, keynote speakers and program, the exhibitors and poster displays, conference organisation and outcomes in terms of personal satisfaction. Over 93% of those completing formal evaluations stating that the conference met or exceeded their expectations in terms of quality and applicability of content to work or practice, quality of keynote speakers, and opportunity for networking. Comments and responses to different aspects of the evaluation are described in further detail below. Most (86% or more) were satisfied or very satisfied with all aspects of the conference organisation, the social program, food, chairing of sessions and the social program.

Workshops – changes in skills, knowledge, confidence and awareness of resources

Of the 8 workshops presented, seven (which included all invited presenters and 2 from the field) were rated extremely highly with more than 80 percent of the attendees indicating that would be able to take the new knowledge or skills back to their daily practice. This group also reported that they had more confidence in responding to ATOD issues using the presented technique (80-100%) and most (67-100%) intended to apply these new skills to their practice. Almost all (83—100%) had become aware of relevant resources that would assist them in their practice.

Orals, Posters and Café Conferencing

All oral papers, posters and café conferencing session were rated from 96-100% level of excellence in terms of 'content', 'relevance', 'level of interest' and 'quality' for nursing and the ATOD field.

Representation from Other Nursing Specialties

The Conference was supported well by nurses working in the alcohol, tobacco and other drug field. However, 18 percent of delegates were from other specialty areas that included emergency departments, mental health, tertiary education, and corrections health workplaces. What was even more encouraging the fact that 21 percent of delegates identified themselves as relatively new to ATOD issues (the remainder considered themselves reasonably experienced to expert practitioners) and 43 percent of participants worked in services that were either rural or regional. In light of the general workforce issues and demands placed on the sector and the need to have alcohol and other drug assessment promoted in non-ATOD services this was very encouraging.

The initial conference workshop on utilising the ASSIST and the workshops on ATOD assessment and ATOD in Mental Health were well supported by these all

groups. One hundred percent of the 72 delegates attending these workshops reported an increase in their knowledge, skills and confidence in responding to ATOD issues. An example of the potential post conference benefits was a group of 10 local nurses who were not from the ATOD field who now intend to form a focus group for the ACT that will look to promoting assessment and early intervention of ATOD issues.

Professional development points and recognition of contribution to the Conference

To attract nurses and psychologists to the Conference, professional development points were sought and awarded from key professional bodies:

- The Royal College of Nursing, Australasia (RCNA) awarded 14.5 Continuing Nurse Education (CNE) points for use on the 3LP Professional Development program.
- The Australian Psychological Society awarded 17 Specialist Professional Development points for members of the Clinical, Community, Counselling, and Health APS Colleges.

Certificates of attendance were available for collection by all participants for their professional development portfolios (with respective PD point allocation included) and a certificate of appreciation was available for the portfolios of all speakers.

Planning for DANA 2006

The Conference evaluation sought information and ideas from participants regarding the topics they would be interested in seeing at the 2006 Conference. as selection from the list of topics mentioned includes:

- detailed information on the pharmacology and practice of pain management

- use of buprenorphine as analgesia
- practical skills
 - practical research procedures
 - capacity building in communities
 - ATOD in acute medical settings
 - Comorbidity/concurrent ATOD and mental health
 - Reorienting health services
 - Types of relevant KPI
 - Pharmacotherapy update for withdrawal management
 - Drug induced psychosis
 - Alcohol-related brain injury
 - how nurses can influence or design policy
- expansion of the nurse role
 - maintaining staff motivation
 - relationship and rapport development
 - issues for novice practitioners or general nurses
 - management of 'chronic, recidivist' clients
 - putting 'evidence' into practice
 - working with intellectual disabilities
- workshops
 - brief interventions
 - nurses description of change
 - defining and using 'best practice' in other services
 - examples of 'disruptive innovations'
 - consumer input

The 2006 DANA conference will be held in Sydney in 2006. Planning has commenced, with the venue about to be finalised.